

**DR. JOHN L. FRATTARELLI • DR. ANATTE E. KARMON • DR. EMILY J. GOULET**

☎ Phone: (808) 545-2800

💬 Text: (808) 855-6932

📠 Fax: (808) 262-3744

**Patient Information**

Patient Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ Contact No. \_\_\_\_\_

Insurance \_\_\_\_\_ or ☐ see attachedPreferred Pronouns ☐ She/Her/Hers ☐ He/Him/His ☐ They/Them/Theirs ☐ UnknownSex Assigned at Birth ☐ Male ☐ Female

Partner Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ Contact No. \_\_\_\_\_

Insurance \_\_\_\_\_ or ☐ see attachedPreferred Pronouns ☐ She/Her/Hers ☐ He/Him/His ☐ They/Them/Theirs ☐ UnknownSex Assigned at Birth ☐ Male ☐ Female**Preferred Provider**☐ First Available☐ Dr. John L. Frattarelli☐ Dr. Anatte E. Karmon☐ Dr. Emily J. Goulet**Fertility Services** (New patient consultation required)☐ Infertility Evaluation☐ Fertility Preservation (Egg Freezing)☐ Donor Sperm☐ Recurrent Pregnancy Loss☐ Surrogacy☐ Donor Egg☐ Other \_\_\_\_\_**Andrology Services**

(Only under care of referring provider, No FIH consultation required)

☐ Semen Analysis

FIH is not responsible for the interpretation of andrology results.

**Oncofertility Services (URGENT)**

(We will contact your patient within 48 hours)

Cancer Diagnosis \_\_\_\_\_

☐ Sperm Freezing☐ Egg/Embryo Freezing**Referring Provider**

Provider Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Clinic Name \_\_\_\_\_ Fax No. \_\_\_\_\_

**Please fax form, demographics, and all relevant tests/consultation report to (808) 262-3744**